

Section I

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Acronyms

AAFP	American Academy of Family Physicians
AAP	American Academy of Pediatrics
AB	Assessment Branch
Ab-negative	Antibody negative
ACA	Affordable Care Act
ACIP	Advisory Committee on Immunization Practices
ACOG	American College of Obstetricians and Gynecologists
ACP	American College of Physicians
AFIX	Assessment, Feedback, Incentive, and eXchange
AI/AN	American Indian and Alaska Native
AIM	Association of Immunization Managers
APhA	American Pharmacists Association
ARRA	American Recovery and Reinvestment Act
ASTHO	Association of State and Territorial Health Officials
AVA	Anthrax vaccine adsorbed
BCG	Bacillus of calmette and guérin (tuberculosis) vaccine
BRFSS	Behavioral Risk Factor Surveillance System
CAT	Cost and Affordability Tool
CDC	Centers for Disease Control and Prevention
CE	Continuing Education
CEFO	Career Epidemiology Field Officer
CET	Communication, Education, and Training Branch (formerly the Education, Information, and Partnership Branch)
CHIP	Children's Health Insurance Program
CMS	Centers for Medicare and Medicaid Services
CNRA	Community Needs and Resource Assessment
CoCASA	Comprehensive Clinical Assessment Software Application
CQI	Continuous quality improvement
CRS	Congenital rubella syndrome
CSTE	Council of State and Territorial Epidemiologists
CY	Calendar year
DA	Direct Assistance
DHHS	Department of Health and Human Services
DT	Diphtheria and tetanus toxoids vaccine (for children)
DTaP	Diphtheria and tetanus toxoids and acellular pertussis vaccine
eGrATIS	Grants Application Tracking Information System
EIPB	Education, Information, and Partnership Branch
EPSDT	Early Periodic Screening Diagnosis and Treatment Program
ERISA	Employee Retirement Income Security Act

FA	Financial assistance
FDA	Food and Drug Administration
FERPA	Family Educational Rights and Privacy Act
FFR	Federal financial report
FOA	Funding Opportunity Announcement
FQHC	Federally Qualified Health Center
FMO	Financial Management Office
FSR	Financial status report
FTE	Full-time Equivalent
FY	Fiscal year
GIS	Geographic Information System
GSA	General Services Administration
HAV	Hepatitis A virus
HBsAg	Hepatitis B surface antigen
HBIG	Hepatitis B immune globulin
HBV	Hepatitis B virus
HEDIS	Health Plan Employers Data and Information Set
Hib	<i>Haemophilus influenzae</i> type B conjugate vaccine
HIPAA	Health Insurance Portability and Accountability Act
HIV	Human immunodeficiency virus
HL7	Health Level 7
HP 2020	Healthy People 2020
HPV	Human papillomavirus vaccine
HRSA	Health Resources and Services Administration
HSREB	Health Services Research and Evaluation Branch
IAC	Immunization Action Coalition
IgM anti-HAV	IgM anti-hepatitis A virus
IgM anti-HBc	IgM anti-hepatitis B core antigen
IHS	Indian Health Service
IIS	Immunization Information System
IISAR	Immunization Information System Annual Report
IISSB	Immunization Information Systems Support Branch
IM	Intramuscular
IOM	Institute of Medicine
IPOM	Immunization Program Operations Manual
IPV	Trivalent inactivated polio vaccine (killed Salk type)
ISD	Immunization Services Division
ISO	Immunization Safety Office
IV	Intravenous
JE	Japanese encephalitis

LAIV	Live attenuated influenza vaccine
LQA	Lot quality assurance
LTC	Long-term care
M/CHC	Migrant/community health center
MCO	Managed care organization
MCV4	Meningococcal conjugate vaccine (quadrivalent)
MDS	Minimum data set
MMR	Measles, mumps, and rubella vaccine
MMR2	Measles, mumps, and rubella vaccine second dose
MMRV	Measles, mumps, rubella, and varicella vaccine
MMWR	Morbidity and Mortality Weekly Report
MOU	Memorandum of understanding
MPSV4	Meningococcal polysaccharide vaccine (quadrivalent)
NACCHO	National Association of County and City Health Officials
NCIRD	National Center for Immunization and Respiratory Diseases
NCVIA	National Childhood Vaccine Injury Act
NEDSS	National Electronic Disease Surveillance System
NETSS	National Electronic Telecommunications System for Surveillance
NIC	National Immunization Conference
NICO	National Immunization Conference Online
NIIW	National Infant Immunization Week
NIP	National Immunization Program (the immunization program before the days of NCIRD)
NIS	National Immunization Survey
NIVW	National Influenza Vaccination Week
NNDSS	National Notifiable Disease Surveillance System
NOA	Notice of Award
NVAC	National Vaccine Advisory Committee
NVPO	National Vaccine Program Office
OID	Office of Infectious Diseases
OIG	Office of Inspector General
OMB	Office of Management and Budget
OPHPR	Office of Public Health Preparedness and Response
OPV	Trivalent oral polio vaccine (live Sabin type)
OSTLTS	Office for State, Tribal, Local and Territorial Support
PAPA	Program Annual Report and Progress Assessments
PCV13	Pneumococcal conjugate vaccine (13-valent)
PGO	Procurement and Grants Office
PHAP	Public Health Associate Program
PHEP	Public Health Emergency Preparedness
PHIN	Public Health Information Network
PHII	Public Health Informatics Institute

PHPS	Public Health Prevention Services
PHTN	Public Health Training Network
POB	Program Operations Branch
PON	Pockets of need
PPHF	Prevention and Public Health Fund
PPO	Preferred Provider Organization
PPV23	Pneumococcal polysaccharide vaccine (23-valent)
PQA	Provider quality assurance
PRAMS	Pregnancy Risk Assessment Monitoring System
PRV	Pentavalent rotavirus vaccine
QA	Quality assurance
QIO	Quality Improvement Organization
RHC	Rural Health Clinic
S-CHIP	Separate Children's Health Insurance Program (separate from Medicaid)
SOP	Standard operating procedure
STD	Sexually transmitted disease
STI	Sexually transmitted infection
SubQ	Subcutaneous
TANF	Temporary Assistance for Needy Families
Td	Tetanus and diphtheria toxoids adsorbed for adult use
Tdap	Tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis vaccine
TIV	Trivalent (inactivated) influenza vaccine
TT	Tetanus toxoid
USDA	United States Department of Agriculture
UTD	Up-to-date
VAERS	Vaccine Adverse Events Reporting System
VACMAN	(not an acronym; name of vaccine ordering software; replaced by VTrckS)
VAR	Varicella vaccine
VFC	Vaccines for Children Program
VICP	National Vaccine Injury Compensation Program
VIS	Vaccine Information Statement
VMBIP	Vaccine Management Business Improvement Project
VOFA	Vaccine Ordering Forecast Application (replaced by VTrckS)
VPD	Vaccine-preventable disease
VPET	Vaccine Purchase Estimator Tool
VSAB	Vaccine Supply and Assurance Branch
VTrckS	Vaccine Tracking System
VZV	Varicella zoster virus
WIC	Women, Infants and Children Program

YF	Yellow fever
ZOS	Varicella zoster virus vaccine

Awardee Vaccine Purchase Policies

Immunization awardees use a variety of approaches to provide publicly-purchased vaccines to eligible individuals in their jurisdictions. What follows are descriptions of the most common approaches to the use of VFC-funded and Section 317-funded* vaccines.

Universal:

All children, regardless of insurance status, receive all ACIP-recommended vaccines free of charge via the state/local immunization program. The immunization program uses a combination of VFC, 317*, and state/local funds to purchase vaccine for all children in the state. Children may be vaccinated by any VFC-enrolled provider (public and private).

Universal Select:

All children, regardless of insurance status, receive almost all ACIP-recommended vaccines free of charge via the state/local immunization program with the exception of one or more selected vaccines. Typically, these vaccines are the newer, more expensive vaccines such as PCV7, varicella, MCV4, Tdap, and HPV. With universal-select states, only VFC-eligible children receive all the newer vaccines free-of-charge at any VFC-enrolled provider (public and private). Therefore, universal-select awardees must implement two-tiered systems in order for providers to be able to identify and then vaccinate the VFC-eligible children with the new vaccines. The immunization program covers the non-VFC-eligible children with 317* and state/local funds to the greatest extent possible, but most awardees' 317* and state/local funding falls short of the funds needed to reach all non-VFC-eligible children. In this situation, providers need to turn away non-VFC-eligible children or ask the parents of these children to pay for these newer vaccines out-of-pocket.

VFC & Underinsured:

All children who are underinsured with respect to vaccines are treated like VFC-eligible children because the immunization program uses 317* and/or state/local funding to cover all ACIP-recommended vaccines, including the newer more expensive vaccines, for the underinsured children. This enables underinsured children to receive all ACIP-recommended vaccines from any VFC-enrolled provider (instead of having to refer underinsured children to an FQHC, RHC, or deputized local health department for vaccinations).

VFC & Underinsured Select:

All children who are underinsured with respect to vaccines are served by the immunization program because the immunization program uses 317* and/or state/local funding to cover selected vaccines for the underinsured. They may receive these covered vaccines at any VFC-enrolled provider. However, because the state does not cover all ACIP-recommended vaccines for these children, underinsured children must be referred to an FQHC, RHC, or deputized local

health department to receive the vaccines that are not covered using 317* and/or state/local funding.

VFC Only:

The immunization program provides all ACIP-recommended vaccines to private providers only for use among VFC-eligible children. The private providers do not receive 317* or state/local funded vaccine for non-VFC eligible children. However, non-VFC-eligible children may be served using 317* and/or state/local funds in public clinics.

*Please note that all Section 317 funded vaccine uses must adhere to the following policy:

Use of Vaccine Purchased with 317 Funds

Awardees may not administer vaccines purchased with 317 funds to fully insured children or adults, except in limited circumstances described below. An underinsured child may receive Vaccines for Children (VFC) funded vaccine if the child is seeking vaccinations in a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under approved deputization agreements.

The terms “underinsured” and “fully insured” are defined as follows:

Underinsured: A person who has health insurance, but the coverage does not include vaccines or a person whose insurance covers only selected vaccines. Children who are underinsured for selected vaccines are VFC-eligible for non-covered vaccines only. Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC) or Rural Health Clinic (RHC) or under an approved deputization agreement.

Fully Insured: Anyone with insurance that covers the cost of vaccine, even if the insurance includes a high deductible or co-pay, or if a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan’s deductible had not been met.

In circumstances other than “exceptions” specified in this policy, 317 vaccine funds may not be used to provide vaccines for:

- Fully insured children and adults seen in public clinics
- Fully insured children and adults seen in private provider offices
- Adults on Medicare Part B or Medicaid
- Fully insured adults seen in STD/HIV clinics or drug treatment centers
- Fully insured parents of newborn infants participating in Tdap cocooning projects
- Fully insured adults at high risk for acquiring Hepatitis A
- Fully insured children and adults with a high co-pay or deductible
- Vaccines for college entry given at Public Health Clinics or College health facilities to fully insured students

- Fully insured children and/ adults in low medical access areas
- Fully insured adults in LTCs/eldercare
- Fully insured children in school-based health centers or clinics
- Fully insured “high risk” occupational groups (e.g. EMS, first responders, health care workers) for hepatitis A or B or other diseases
- Fully insured adults and children receiving vaccines as part of a community wide outreach event (including mobile vans and health fairs)
- Children who are insured by SCHIP standalone programs

Exceptions: 317 vaccine funds may be used to vaccinate the following:

- Newborns receiving the birth dose of hepatitis B prior to hospital discharge that are covered under bundled delivery or global delivery package (no routine services can be individually billed) that does not include hepatitis B vaccine
- Fully Insured infants of hepatitis B infected women and the household or sexual contacts of hepatitis B infected individuals
- Uninsured or underinsured adults
- Fully insured individuals seeking vaccines during public health response activities including:
 - Outbreak response
 - Post-exposure prophylaxis
 - Disaster relief efforts
- Mass vaccination campaigns or exercises for public health preparedness
- Individuals in correctional facilities and jails (except as outlined in VFC Operations Guide)

Notes:

1. *Please note that recipients of PPHF funds for the Hepatitis B Pilot may use the vaccine funds awarded for this project on populations noted in their grant application through the project period end in 2014.*
2. *American Indian and Alaska Native patients whose only source of health care is provided by an Indian Health Service, Tribal, or Urban Indian health care organization are not considered fully insured and may be vaccinated with 317 funded vaccines if the Indian Health Service, Tribal, or Urban Indian health care organization does not provide certain vaccines.*

Funding Categories and Redirection Guidance

Vaccine Funding Categories

VFC vaccine estimated budget: A target budget is provided to awardees so that they can plan their vaccine orders for vaccines covered under federal contract to be administered to VFC eligible population.

317 vaccine estimated budget: An estimated target budget is provided to awardees so that they can plan and purchase vaccines from the federal contracts. Populations eligible for 317-funded vaccine include anyone not VFC-eligible or fully insured with respect to vaccine, including adults.

317 financial assistance (FA) vaccine: For awardees to purchase vaccines and biologics that are not available on federal contracts to be administered to children and adults, such as: DT, HBIG, IG for hepatitis A, MPSV4, influenza (if 317 vaccine estimated funding is insufficient), and any new vaccine for which a VFC resolution has been passed but a federal contract does not yet exist. Requests for FA vaccine will reduce the awardees DA 317 vaccine budget and will be awarded via the Notice of Award associated with the Immunization and Vaccines for Children Program cooperative agreement.

Operations Funding Categories

Financial Assistance

Financial Assistance (FA) - A category of funding that is awarded to the awardee, essentially creating an account from which awardee expenditures are debited.

317 FA - Operations Funds. Funds awarded directly to the awardee for program operations expenses. These funds are managed and monitored by the awardee.

VFC Financial Assistance (FA) - Operations Funds. Funding awarded directly to the awardee for VFC program operations expenses. These funds are managed and monitored by the awardee and are to be used only to support the day-to-day activities necessary to carry out the VFC program (i.e., they are intended only for a specific use; see tables on pp. 11-20). This includes vaccine management and accountability, provider recruitment, enrollment, annual re-enrollment, education regarding the VFC program, maintaining controls against fraud and abuse, working with the state Medicaid agency, and ongoing evaluation of program efforts.

VFC/AFIX - Operations Funds. Funds awarded directly to the awardee for VFC/AFIX program operations expenses. These funds are managed and monitored by the awardee and are to be used only for VFC/AFIX program activities (i.e., they are “categorical” and intended for a specific use; see tables on pp. 11-20). Funds are to be used to assess enrolled VFC provider compliance with the VFC program requirements (e.g., VFC eligibility screening, appropriate

vaccine ordering, storage, and handling procedures, etc.) and, through the AFIX process, to assess the standard of practice at the immunization provider level and identify actions (e.g., missed opportunities to vaccinate) which may be negatively impacting immunization coverage levels.

VFC Ordering Funds. Funds awarded directly to the awardee specifically and used only to support the activities related to receiving, reviewing, ensuring the accuracy and appropriateness of, and submitting vaccine orders to CDC.

VFC Distribution Funds. Funds awarded directly to those few awardees that, because of their unique circumstances, are unable to have vaccine shipped to their providers by CDC's third-party distributor.

Direct Assistance

Direct Assistance (DA) - A category of funding in lieu of financial assistance.

317 DA Personnel - Operations Funds. In lieu of financial assistance, an account maintained by CDC that allocates funds to procure products and services and covers salaries and out-of-state travel expenses for federal assignees (e.g., Public Health Advisors assigned to immunization programs). This funding is included in the awardee's total operations budget. It appears as a separate line item on the operations budget spreadsheet.

317 DA Other - Operations Funds. In lieu of financial assistance, funds used to establish contracts for immunization information system (IIS) related development, maintenance, or supplies. This funding is included in the awardee's total operations budget. It appears as a separate line item on the operations budget spreadsheet. If an awardee wants to establish a DA Other-funded contract, the awardee is responsible for drafting the performance work statement (PWS) and the independent government cost estimate (IGCE). Each January, NCIRD publishes templates and deadlines for submitting the PWS and IGCE. Use of DA Other is limited to contracts for immunization information system (IIS) related development, maintenance, or supplies.

Redirections

Awardees have latitude in making programmatic changes and budget revisions after funds have been awarded. Redirection of funds is the shifting of funds from one object class category to another. However, depending upon the object class category and the amount of funding being redirected, a formal request to PGO may be required. A redirection of less than 30 percent of the total operations award or \$1,000,000 (whichever is less) does not require a formal request to PGO, but awardees must send a courtesy request by email to the awardee's project officer for such redirections. A redirection request of more than 30 percent of the total operations award, or \$1,000,000 (whichever is less) does require a formal request to PGO.

An informal, email request to redirect funds may be made if all of the following criteria are met:

- If request is $\leq 30\%$ of the total operations award or $< \$1,000,000$ (whichever is less)*
- If request is neither a new contract nor changes in an existing contract's scope of work

- If request does not add key personnel.

An informal request to the Project Officer should include:

- Justification that details where monies are being moved to and from.

A formal, written redirection request sent to PGO is required if any of the following criteria are met:

- If request is >30% of the total operations award or \geq \$1,000,000 (whichever is less)*; or
- If moving funds to and from contracts; or
- If moving funds to and from key personnel (e.g., Program Manager, Principal Investigator, Budget Official); or
- If moving funds between FA and DA or FA operations and FA vaccine.

A formal request to PGO should include:

- Justification that includes where monies are being moved to and from
- For personnel, include resume of individual to fill Key Position
- Signature of both Business Office Official and Principal Investigator or Program Director
- All original documentation should be forwarded to PGO via US Mail or email:

_____, **Grants Management Officer**
Attn: _____, Grants Management Specialist
 Procurement and Grants Office, CDC
 2920 Brandywine Road, NE, Suite 3000, MS-E15
 Atlanta, GA 30341

Per the terms and conditions of each awardee's Notice of Award (NOA), all redirection requests, whether formal or informal, must specify the funding source from which funds are being redirected (e.g., 317 Operations, VFC/AFIX, VFC Operations, and/or VFC Ordering), and the amount of funding from each budget category within the funding source that is being redirected.

**Note: The PGO Policy Advisory 2011-75 dated July 7, 2011, temporarily increased the total award amount which may be redirected without PGO approval until July 1, 2014, from 25% to 30% or \$250,000 to \$1,000,000. If this policy is not extended, the decreased limitations will go back into effect.*

Allowable Expenses by Funding Category

POB developed the following table to assist awardees in preparing budgets that are in compliance with federal grants policies using a combination of the OMB Circular A-87, PHS Grants Policy Statement 9505, and POB-identified program priorities. **Awardees are responsible for ensuring that any sub-grantees or contractors adhere to the same funding allowances. As awardee-developed activities may vary from the suggested activities for each objective, appropriate funding sources may also vary from what is represented in the following table and are subject to project officer review and approval.**

Unit	Required Objective	Description	317 Ops	317 FA Vaccine	VFC Ops	VFC Distribution	VFC Ordering	VFC AFIX	Pan Flu
Stewardship and Accountability	Assure Affordability	Assure the affordability of the vaccine finance policy and update when budget, target populations, or vaccine recommendations change.	✓		✓				
	Maintain Spend Plan	Maintain up-to-date vaccine spend plan.	✓		✓				
	Replenish Inventory (State & Local)	Accomplish replenishment of federal vaccine inventory by the end of each federal fiscal year; this applies only to awardees who distribute vaccines purchased with state and/or local funds.	✓						
	Replenish Inventory (S-CHIP)	For those awardees that purchase vaccines on behalf of a separate Child Health Insurance Program (S-CHIP), accomplish replenishment of S-CHIP (where applicable) vaccine inventory quarterly.	✓						
	CDC Vaccine Depot Policy	Support the integrity and visibility of the federal inventory by complying with NCIRD's "Policy Regarding Grantee-supported Vaccine Depots"	✓						
	FET Credit	Participate in the Federal Excise Tax Credit Program by ensuring that all FET-eligible vaccines are submitted for credit within six months of vaccine spoilage or expiry, with all returns entered into VTrckS.	✓		✓				
	VFC Compliance Visits	Assure that VFC-enrolled providers comply with VFC program requirements through performance of VFC compliance site visits with enrolled providers every other year and other means as defined in the current VFC Operations Guide.	✓		✓			✓	
	Storage and Handling	Assure proper storage and handling of federally purchased vaccine by program providers as defined in the VFC Operations Guide, Module 6 and the recommendations outlined in the CDC Storage and Handling Toolkit. VFC	✓		✓	✓		✓	

Unit	Required Objective	Description	317 Ops	317 FA Vaccine	VFC Ops	VFC Distribution	VFC Ordering	VFC AFIX	Pan Flu
		Documents Library: https://sams.cdc.gov , http://www.cdc.gov/vaccines/recs/storage/toolkit/default.htm .							
	Section 317 Vaccine	Implement a plan to ensure that Section 317 vaccine is not provided on a routine basis to fully privately insured individuals, including children who are covered by S-CHIP.	✓						
Assessing Program Performance	Coverage – Annual Plan	Annually create, understand, and assess awardee-specific tables of CDC-acquired coverage data NIS, NIS-Teen, NIS-Influenza, BRFSS, as well as IIS and other program-acquired local and state level data for the purpose of identifying and addressing areas of low or lagging vaccination coverage in children, adolescents, and adults. <i>Develop an annual plan for steps to be taken for improvement.</i>	✓		✓				
	Coverage – Improve and Sustain	Annually create, understand, and assess awardee-specific tables of CDC-acquired coverage data NIS, NIS-Teen, NIS-Influenza, BRFSS, as well as IIS and other program-acquired local and state level data for the purpose of identifying and addressing areas of low or lagging vaccination coverage in children, adolescents, and adults. <i>Improve and sustain immunization coverage levels.</i>	✓		✓				
	Coverage – Eliminate Disparities	Annually create, understand, and assess awardee-specific tables of CDC-acquired coverage data NIS, NIS-Teen, NIS-Influenza, BRFSS, as well as IIS and other program-acquired local and state level data for the purpose of identifying and addressing areas of low or lagging vaccination coverage in children, adolescents, and adults. <i>Reduce or eliminate coverage disparities by race, ethnicity, and socioeconomic status.</i>	✓		✓				
	Coverage – Evidence-Based	Annually create, understand, and assess awardee-specific tables of CDC-acquired coverage data NIS, NIS-Teen, NIS-Influenza, BRFSS, as well as IIS and other program-acquired local and state level data for the purpose of identifying and addressing areas of low or lagging vaccination coverage in children, adolescents, and adults. <i>Promote evidence-based strategies.</i>	✓		✓			✓	
	Coverage – Key Partnerships	Annually create, understand, and assess awardee-specific tables of CDC-acquired coverage data NIS, NIS-Teen, NIS-	✓		✓				

Unit	Required Objective	Description	317 Ops	317 FA Vaccine	VFC Ops	VFC Distribution	VFC Ordering	VFC AFIX	Pan Flu
		Influenza, BRFSS, as well as IIS and other program-acquired local and state level data for the purpose of identifying and addressing areas of low or lagging vaccination coverage in children, adolescents, and adults. <i>Promote vaccination through key partnerships.</i>							
	Coverage – Communications	Annually create, understand, and assess awardee-specific tables of CDC-acquired coverage data NIS, NIS-Teen, NIS-Influenza, BRFSS, as well as IIS and other program-acquired local and state level data for the purpose of identifying and addressing areas of low or lagging vaccination coverage in children, adolescents, and adults. <i>Support communications to enhance informed vaccine decision-making for consumers, health care providers, and policy makers.</i>	✓		✓			✓	
	School Enterer Coverage	Report school enterer coverage annually to CDC using CDC-approved reporting methods or by consulting with CDC staff to identify acceptable alternatives.	✓						
	AFIX	Work with VFC providers on quality improvement processes to increase coverage levels and decrease missed opportunities using AFIX components, as appropriate, and move toward use of IIS as primary source of data for provider coverage level assessment by the end of the project period.	✓		✓			✓	
	Surveillance & Reporting – Maintain Surveillance System	Assure adherence to CDC’s Manual for the Surveillance of Vaccine-preventable Diseases, including Vaccine Adverse Events Reporting. <i>Conduct vaccine-preventable disease surveillance and case investigation.</i>	✓						
	Surveillance & Reporting – Surveillance Reports	Assure adherence to CDC’s Manual for the Surveillance of Vaccine-preventable Diseases, including Vaccine Adverse Events Reporting. <i>Submit case and/or death notifications to CDC.</i>	✓						
	Surveillance & Reporting – Evaluate case investigation	Assure adherence to CDC’s Manual for the Surveillance of Vaccine-preventable Diseases, including Vaccine Adverse Events Reporting. <i>Assess timeliness and completeness of case/death</i>	✓						

Unit	Required Objective	Description	317 Ops	317 FA Vaccine	VFC Ops	VFC Distribution	VFC Ordering	VFC AFIX	Pan Flu
		<i>investigation, reporting, and notification.</i>							
	Surveillance & Reporting – VAERS, Vaccine Safety	Assure adherence to CDC’s Manual for the Surveillance of Vaccine-preventable Diseases, including Vaccine Adverse Events Reporting. <i>Designate staff to coordinate VAERS and vaccine safety activities.</i>	✓						
	Program Evaluation	Engage in ongoing evaluation of program activities based on CDC’s guidance.	✓		✓			✓	
Assuring Access to Vaccines	Tribes	Document the process used by the awardee to meaningfully engage American Indian tribal governments, tribal organizations representing those governments, tribal epidemiology centers, or Alaska Native Villages and Corporations within its boundaries in immunization activities.	✓		✓				
	Provider Enrollment	Enroll and sustain a network of VFC and other providers to administer federally funded vaccines to program-eligible populations according to CDC/ACIP recommendations and IIS Functional Standards.	✓		✓			✓	
	VFC Requirements	Assure compliance with all VFC statutory requirements described in the VFC Operations Guide.	✓		✓			✓	
	Deputization	Assure compliance with HHS deputization guidance.	✓		✓			✓	
	Perinatal Hepatitis B – Identify HBsAg+	Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission: <i>Identification of HBsAg-positive pregnant women.</i>	✓						
	Perinatal Hepatitis B – Newborn Prophylaxis	Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission: <i>Newborn prophylaxis with hepatitis B vaccine and HBIG.</i>	✓						
	Perinatal Hepatitis B – Timely Dosing	Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission: <i>Timely completion of doses two and three.</i>	✓						
	Perinatal Hepatitis B – PVST	Work with partners, as appropriate, to assure coordination of the following activities in order to prevent perinatal hepatitis B transmission: <i>Post-vaccination serology.</i>	✓						

Unit	Required Objective	Description	317 Ops	317 FA Vaccine	VFC Ops	VFC Distribution	VFC Ordering	VFC AFIX	Pan Flu
IT Infrastructure	EHR-IIS Interoperability	Assure EHR-IIS interoperability readiness using IIS Functional Standards and facilitate Meaningful Use of EHR-IIS data.	✓		✓			✓	
	IIS Provider Participation and Data Quality	Promote provider site participation and ensure immunization record completeness, timeliness, accuracy, efficiency, and data use to support immunization program goals and objectives.	✓		✓			✓	
	Dose-level Accountability	Incorporate dose-level accountability into IIS functionality so that information can be received and stored.	✓		✓				
	VTrckS	Assure provider participation in vaccine ordering and inventory management using either VTrckS Direct or an ExIS (which could be an IIS or other external system) that communicates with VTrckS using the CDC-compliant interface.	✓		✓		✓		
	IIS Planning	Assure that annual IIS planning documents are developed or updated.	✓		✓				
Preparedness	VPD Outbreak Management	In conjunction with public health preparedness programs, develop plans for vaccine-preventable disease outbreaks that are managed with vaccination.	✓						✓
	Pandemic Planning	Work with preparedness programs to assure preparedness for influenza pandemics and other events requiring a vaccination response, including developing or updating, exercising, and ensuring maintenance plans for: a. Large-scale mass vaccination b. Identification and vaccination of critical infrastructure personnel and other priority groups.	✓						✓
	Seasonal Flu	Work with new and existing partners to increase demand for seasonal influenza vaccine to improve preparedness for an influenza pandemic, including school-located vaccination.	✓						✓

Allowable Uses of 317 and VFC FA Operations Funds

POB developed the following table to assist awardees in preparing budgets that are in compliance with federal grants policies and CDC award requirements. The table was developed using a combination of OMB Circular A-87, PHS Grants Policy Statement 9505, and POB-identified program priorities.

Budget Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operations funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds <i>(where applicable)</i>
Personnel						
Salary/wages	✓	✓	✓	✓	✓	✓
Fringe						
Compensation/fringe benefits	✓	✓	✓	✓	✓	✓
Travel						
State/local/Regional conference travel expenses	✓	✓		✓	✓	
Local meetings/conferences (Ad hoc) (excluding meals)	✓	✓		✓	✓	
In-state travel costs	✓	✓		✓	✓	
Out of state travel costs (restricted to NIC, Hep B Coordinator's Meeting, Program Managers/PHA Meeting, ACIP meetings, AFIX and VFC trainings, and other CDC-sponsored immunization program meetings)	✓	✓		✓	✓ <i>(preparedness-related)</i>	
VFC-only site visits	✓	✓		✓		
AFIX-only site visits	✓			✓		
Combined (AFIX & VFC site visits)	✓	✓		✓		
Perinatal hospital record reviews	✓					

Budget Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operations funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)
Equipment*						
Fax machines for vaccine ordering	✓	✓	✓			
Vaccine storage equipment for VFC vaccine	✓	✓				✓ (for distribution facility)
Copy machines	✓	✓	✓	✓	✓	✓
<i>*Equipment: an article of tangible nonexpendable personal property having useful life of more than one year and an acquisition cost of \$5,000 or more per unit.</i>						
Supplies						
Vaccine administration supplies (including, but not limited to, nasal pharyngeal swabs, syringes for emergency vaccination clinics)	✓					
Office supplies-computers, general office (pens, paper, paper clips, etc.), ink cartridges, calculators	✓	✓	✓	✓	✓	✓
Personal computers / Laptops	✓	✓	✓	✓	✓	✓
Pink Books, Red Books, Yellow Books	✓					
Printers	✓	✓	✓	✓	✓	✓
Laboratory supplies (influenza cultures and PCRs, cultures and molecular, lab media serotyping)	✓					
Temperature monitors/Thermometers/Data Loggers	✓	✓				✓
Vaccine shipping supplies (storage containers, ice packs, bubble wrap, etc.)						✓
Contractual						

Budget Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operations funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)
State/local conferences expenses (conference site, materials printing, hotel accommodations expenses, speaker fees) <i>Food is not allowable.</i>	✓	✓			✓	
Regional/Local meetings	✓	✓		✓	✓	
General contractual services (e.g., IAPs, local health departments, contractual staff, advisory committee media, provider trainings)	✓	✓	✓	✓	✓	
GSA Contractual services	✓	✓				
Other IIS contractual agreements (support, enhancement, upgrades)	✓	✓			✓	
FA						
Non-CDC Contract vaccines	✓					
Indirect						
Indirect costs	✓	✓	✓	✓	✓	✓
Miscellaneous						
Accounting services	✓	✓				
Advertising (restricted to recruitment of staff or trainees, procurement of goods and services, disposal of scrap or surplus materials)	✓	✓				
Audit Fees	✓	✓				
BRFSS Survey	✓					
Committee meetings (room rental, equipment rental, etc.)	✓	✓			✓	
Communication (electronic/computer transmittal, messenger, postage, local and long distance telephone)	✓	✓	✓	✓	✓	

Budget Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operations funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds (where applicable)
Consumer information activities	✓	✓			✓	
Consumer / provider board participation (travel reimbursement)	✓					
Data processing	✓	✓	✓	✓	✓	
Laboratory services (tests conducted for immunization programs)	✓					
Local service delivery activities	✓					
Maintenance operation/repairs	✓					
Malpractice insurance for volunteers	✓					
Memberships/subscriptions	✓					
NIS Oversampling	✓					
Pagers/cell phones	✓	✓		✓	✓	
Printing of vaccine accountability forms	✓	✓				
Professional service costs (limited term staff), Attorney General Office services	✓					
Public relations	✓				✓	
Publication/printing costs (all other immunization related publication and printing expenses)	✓	✓		✓	✓	
Rent (requires explanation of why these costs are not included in the indirect cost rate agreement or cost allocation plan)	✓	✓				✓ (for vaccine distribution facility)
Shipping (other than vaccine)	✓	✓				
Shipping (vaccine)						✓
Software license/Renewals (ORACLE, etc.)	✓					
Stipend Reimbursements	✓					
Toll-free phone lines for vaccine ordering	✓	✓	✓			
Training costs – Statewide, staff, providers	✓	✓		✓	✓	
Translations (translating materials)	✓					

Budget Category/Expenses	Allowable with 317 operations funds	Allowable with VFC operations funds	Allowable with VFC ordering funds	Allowable with VFC/AFIX funds	Allowable with Pan Flu funds	Allowable with VFC Distribution funds <i>(where applicable)</i>
Vehicle lease (restricted to awardees with policies that prohibit local travel reimbursement)	✓					
VFC enrollment materials	✓	✓				
VFC provider feedback surveys	✓	✓				
VIS camera-ready copies	✓					

Non-Allowable Expenses with Federal Immunization Funds

Expense	NOT allowable with federal immunization funds
Honoraria	✓
Advertising costs (<i>e.g., conventions, displays, exhibits, meetings, memorabilia, gifts, souvenirs</i>)	✓
Alcoholic beverages	✓
Building purchases, construction, capital improvements	✓
Land purchases	✓
Legislative/lobbying activities	✓
Bonding	✓
Depreciation on use charges	✓
Research	✓
Fundraising	✓
Interest on loans for the acquisition and/or modernization of an existing building	✓
Clinical care (<i>non-immunization services</i>)	✓
Entertainment	✓
Payment of bad debt	✓
Dry cleaning	✓
Vehicle Purchase	✓
Promotional Materials (<i>e.g., plaques, clothing and commemorative items such as pens, mugs/cups, folders/folios, lanyards, conference bags</i>)	✓
Purchase of food (<i>unless part of required travel per diem costs</i>)	✓

Other restrictions which must be taken into account while writing the budget:

Funds may be spent only for activities and personnel costs that are directly related to the Immunization and Vaccines for Children Cooperative Agreement. Funding requests not directly related to immunization activities are outside the scope of this cooperative agreement program and will not be funded.

Pre-award costs will not be reimbursed.

Allocation Process for Section 317 Immunization Cooperative Agreement Program Funds

Background, Scope and Purpose of Federal Immunization Program Funds

Federal funding for the Immunization Grant Program (also called the Section 317 grant program) was launched in 1963. The Centers for Disease Control and Prevention (CDC) provides federal Section 317 immunization funds to ensure that children, adolescents, and adults receive appropriate immunizations by partnering with health care providers in the public and private sectors. The objective of the federal immunization program is to reduce and ultimately eliminate vaccine-preventable diseases by increasing and maintaining high immunization coverage. Emphasis is placed on populations at highest risk for under-immunization and disease.

Section 317 funds support the 50 states, six large urban areas, and eight U.S. territories and island nations, hereafter referred to as awardees, in their efforts to plan, implement, and maintain a public health infrastructure that assures the existence of an effective national immunization system. The amount of funding available to be awarded to awardees varies depending upon the annual amount appropriated by Congress as well as any unobligated funds (carryover) carried forward from one year to the next. Carryover funds are awarded in lieu of new funds in an effort to minimize carryover. The Section 317 funds are awarded for a 12-month budget period with a project period of five years. Continuation awards are made within an approved project period (typically lasting five years) on the basis of satisfactory progress as evidenced by a review of required reports, application for the new budget year, and the availability of funds.

This approach of providing federal government funds in the form of financial assistance directly to the awardees is designed to supplement and not supplant state and local resources and assist awardees in implementing activities proven to be effective in raising vaccination coverage levels and reducing vaccine-preventable disease morbidity and mortality. The program supports a partnership between public health and immunization providers in both the public and private sectors by helping them to implement effective immunization practices and proper use of vaccines to achieve high immunization coverage. It also supports infrastructure for essential activities such as immunization information systems, outreach, disease surveillance, outbreak control, and education. A strong immunization infrastructure ensures optimal coverage with routinely recommended vaccines.

The Institute of Medicine (IOM), which reviewed funding for immunization infrastructure in the United States in its 2000 report, *Calling the Shots: Immunization Finance Policies and Practices*, recognized the importance of developing a rational, clear and standard approach for awarding Section 317 funds. This report documented a combination of new challenges and reduced resources that have led to instability in the public health infrastructure that supports the national immunization system. The IOM concluded that a renewal and strengthening of the federal and state immunization partnership was necessary and recommended the development of a consistent funding allocation strategy, additional funds, and a multi-year financing plan. The

goals of this partnership are to expedite the delivery of new vaccines; strengthen the immunization assessment, assurance, and policy development functions in each state; and adapt childhood immunization programs to serve the needs of new age groups in different healthcare environments.

Allocation Process for 317 Operations Funds

This process was developed in order to establish criteria by which the Immunization Services Division would award Section 317 operations funding in a way that would move all awardees to equitable funding.

Assumptions

1. The Section 317 immunization funding program is a non-competitive discretionary financial assistance program (Source: OMB Circular A-133 CFDA 93.268), with only state health departments and certain other jurisdictions eligible to apply for the funds. Because this is a discretionary funding program, CDC, as the federal awarding agency, can exercise judgment (discretion) in determining the award recipient and the amount of funding awarded (Source: CDC Assistance Management Manual Part I.C.1-2).
2. Available Section 317 funds are usually less than the total funds requested by awardees in their annual budget requests. When a significant discrepancy exists between awardees' budget requests and available funds, an allocation methodology is necessary to determine a fair and equitable funding amount for each awardee.
3. Population and birth cohort should not be used as the sole factors in determining funding. States with smaller populations or a large proportion of the population living in rural areas may require additional resources to implement their programs that are not adequately addressed through a purely population-based methodology.
4. A noncompetitive discretionary award does not preclude the use of an allocation model to award funding fairly and equitably across awardees.

Funding Principles

1. Section 317 operations funds are awarded in a manner that is equitable and is responsive to the Institute of Medicine's recommendations in *Calling the Shots*.
2. A core funding amount for each awardee, based on essential program operations, population-based program need, population-based performance, and jurisdictional capacity, are included when making decisions about award allocations.
3. Specific factors used to determine core funding include: population size, birth cohort, proportion under-immunized, proportion living in rural areas, proportion living in poverty, vaccination coverage levels, essential personnel requirements, cost of living, and salary and fringe rates.

4. All awardees will be funded at the core funding level adjusted to reflect the amount of funds appropriated by Congress and made available to the Immunization Services Division.
5. In the event that additional funds become available, they may be awarded, within the constraints of available funds, based on the degree to which cooperative agreement applications meet the awarding criteria as defined in the cooperative agreement guidance, the degree to which proposed activities have been demonstrated to be effective, and the degree to which progress in meeting required objectives and performance measures is demonstrated.
6. If the amount awarded differs from the amount requested by the awardee, the awardee shall submit a revised project implementation plan and budget based on the approved final funding amount.
7. Subject to the availability of funds including appropriations and carryover, each year a awardee should receive at least 95% of its previous year's funding in order to avoid disruption of existing programs.
8. Because unspent funds from a previous year indicate an inability to use all available funding and in an effort to assure the best use of available funding, carryover funding will be taken into account in the following ways:
 - a. For any awardee with unspent funds from the most recent **final** Federal Financial Report (typically two budget years prior to the current funding or budget year), those funds will be awarded in lieu of new funding.
 - b. For those awardees that are relatively over-funded and that have reported carryover of less than 10% of their current year 317 formula awards, the reduction in their current year actual awards will be limited to 5%.
 - i. For those awardees that are relatively over-funded and that have reported carryover of 10% or greater of their current year formula award, the reduction in their current year actual award will be 10%.
 - ii. Increases to awardees that are relatively under-funded will vary and will be a function of available funding.
 - iii. For those awardees that are relatively under-funded but that have reported carryover of 10% or greater, their funding will not be increased until reported carryover is less than 10%.
9. Final decisions concerning funding and allocation are the responsibility of the National Center for Immunization and Respiratory Diseases (NCIRD).

Methodology

1. After CDC's appropriation bill is signed into law¹, the Treasury Department transfers appropriated dollars from the general fund into a CDC-specific account by issuing a treasury warrant. These accounts are managed by the Office of Management and Budget (OMB). Within ten days after approval of the appropriations bill, CDC issues a request for an apportionment to OMB. An apportionment outlines the amount of money

available for obligation and the time of its receipt. Upon receipt of an apportionment, CDC's Financial Management Office, (FMO) issues resource allocations to CDC Centers and Offices in the form of budget ceiling letters. Upon receipt of a budget ceiling letter, the Office of Infectious Diseases (OID) makes funding decisions and distributes a second budget ceiling letter to the National Center for Immunization and Respiratory Diseases (NCIRD). The Immunization Services Division (ISD) then determines the total amount of funds available to award to awardees for the fiscal year in which awards will be made.

2. The funding methodology addresses and quantifies three criteria for awardees as defined by the IOM: need, capacity, and performance. An awardee's need is determined by population, birth cohort, number of non-English speaking individuals, number of individuals living in poverty, number of individuals living in rural areas, and number of under-immunized children. Need accounts for 82% of the funding model [population and birth cohort accounts for 50% of the funding model; number of non-English speaking individuals (a surrogate for the number of undocumented residents) accounts for 8% of the model; number of individuals living in poverty accounts for 12%; number of under-immunized children accounts for 8%; and number of individuals living in rural areas accounts for 4%].

Capacity is further defined as the minimum personnel and other-than-personnel costs required to implement an immunization program. Capacity accounts for 13% of the model.

Performance is defined as childhood vaccination and adult influenza vaccination coverage in each awardee location. Performance accounts for 5% of the model; within that, childhood vaccination coverage accounts for 4%, and adult influenza vaccination coverage accounts for 1% of the model.

This model establishes a benchmark funding level for each awardee. Adjustment factors are applied to the model to account for variations in salaries and cost of living among the awardees. The U.S. Territories, and Island Nations do not currently receive funding according to this model because of their geographic characteristics, physical size (both land area and country/territory borders), small populations, limited resources, special needs, and unique challenges.

The individual factors and their weights may be adjusted as necessary to reflect changes in program or funding priorities.

3. The model is applied iteratively to available funding when determining the annual 317 operations award for each awardee.

This approach considers the principle of awarding funds fairly and equitably across recipients and at the same time includes the important consideration of an applicant's budget request and proposed use of funds to implement immunization activities.

Final decisions for awarding funds rest with NCIRD.

¹When Congress has not approved a budget, CDC operates under a Continuing Resolution, which is defined as “legislation passed by both the House and the Senate permitting specific Executive Branch agencies to continue operating even though funds have yet to be appropriated for the following fiscal year.”

Role of the Project Officer in the Program Operations Branch

The Project Officer in the Program Operations Branch (POB), Immunization Services Division (ISD), National Center for Immunization and Respiratory Diseases (NCIRD) has direct responsibility for providing guidance, technical support and consultation regarding immunization program implementation and ISD funding to assigned awardees throughout the United States, its territories and freely associated island nations. The Project Officer (who also serves as the Program Consultant) serves as the awardee's primary liaison and first point of contact for all matters related to immunization program funding. As POB representatives, Project Officers:

- Work in collaboration with CDC's Procurement and Grants Office (PGO) to ensure the stewardship of awarded funds: Project Officers have full responsibility for carrying out all required project officer monitoring and management duties.
- Serve as a recognized authority for federally-funded immunization programs and promote the overall improvement of health and safety of children and adults through immunization and efforts to reduce and/or eliminate morbidity and mortality from vaccine-preventable diseases.
- Foster the development and operation of innovative methods to promote information dissemination and exchange among state/local health agencies and organizations, research sites, and/or among CDC program offices.
- Provide public health program support through discussion and analysis of barriers, identifying needs and recommending modifications or improvements to immunization programs.
- Have a responsibility to be professional, timely and courteous in all interactions and in responding to awardee requests by providing the most accurate information available.

Project Officers have the following responsibilities:

Technical Assistance

- Assist immunization awardees in the development of their annual funding applications. This includes assistance with understanding expectations in the Funding Opportunity Announcement and the Immunization Program Operations Manual.
- Respond to requests for, collect, and disseminate information in a timely manner.
- Assist in the development, dissemination and collection of awardee surveys or questionnaires.

Financial Consultation and Recommendations

- Review funding applications to ensure budgets are reasonable and appropriate, categorical funding is applied appropriately, planned activities are within the scope of program requirements, and may make recommendations regarding financial assistance to awardees.

- Work closely with the Procurement and Grants Office (PGO) regarding budgetary matters and makes recommendations involving funding restrictions, redirection requests, and supplemental funding.

Monitoring

- Monitor awardee activities through annual site visits to substantiate that progress is being made toward achieving program goals and objectives, ensure that federal immunization funds are appropriately used, and provide appropriate post-award technical assistance.
 - Comprehensive site visits should be conducted annually using the site visit questionnaire developed by the Program Operations Branch.
 - Site visits are conducted between January and July so that Project Officers have current applicant information when reviewing funding applications.
 - Project Officers meet with Program Managers for their assigned awardees at the in-person National Immunization Conferences and the Program Managers' Meetings.
 - Follow-up visits within the same year may be appropriate for awardees for which specific corrective recommendations have been made or to provide additional technical assistance.
 - Reports for all site visits will include responses to all questions in the site visit questionnaire and be completed and sent to the awardee within one month of completion of the visit.
 - De-briefings are to be scheduled with the Branch Chief and Deputy no more than ten business days following completion of the visit.
- Evaluate programmatic performance, progress, and any requested changes in scope or objectives from the approved application using information in progress and financial reports, site visits, correspondence, and other sources. Identify potential or existing problems, whether programmatic or business management, and inform appropriate National Center staff and PGO as needed.
- Analyze data from awardees and follow up on any discrepancies.
- Assist in closing out completed projects, including review and programmatic evaluation of the final progress and financial reports and other required documentation.

Immunization Program Support

- Assist with the development of POB internal policies and procedures
- Participate in internal special projects/workgroups as needed
- Draft appropriate responses to immunization-related inquiries received from NCIRD-OD when requested.

Working Relationships

- Develop and maintain close working relationships with appropriate staff in assigned awardee locations.
- Serve as resource to other divisions within NCIRD and CDC, internal staff, field-assigned Public Health Advisors and other agencies.
- Work collaboratively with other branches within ISD as needed.

Performance Expectations

- Project Officers have the responsibility to exercise professional judgment and ensure prudent stewardship of CDC funds in accordance with the highest standards of professional and ethical conduct.
- Project Officers must consider the significance and impact of their actions not only on established program goals and objectives, but also on CDC as a whole and its use and management of resources.
- Project Officers must be sufficiently knowledgeable of issues and needs that transcend NCIRD, other National Centers or PGO, when appropriate.
- Project Officers must carry out in a professional, fair, objective, timely, and consistent manner all functions for which they are responsible, whether in a primary capacity or in support of other CDC staff, including other project officers for whom they serve as back-up support.
- Project Officers must respond promptly (generally within 24 hours) to voice mail and e-mail messages and manage such messages in a manner that enables them to be knowledgeable of message content and to provide appropriate follow-up as needed.

CDC Core Values: Accountability, Respect, Integrity

Vaccine Advisors

Role

As members of the Vaccine Advice, Consultation and Contracts (VACC) Team, Vaccine Advisors play a key role in monitoring usage of vaccine resources made available to awardees. Vaccine Advisors work in close collaboration with project officers to provide technical assistance and guidance to awardees in developing initial spend plans and keeping those spend plans updated throughout the fiscal year as circumstances change.

Responsibilities

- Vaccine Advisors conduct first level review and approval of Vaccine Ordering Forecast Application (VOFA) and VTrckS spend plans and suggest adjustments as needed.
- Vaccine Advisors provide training and technical assistance to awardees on use of VOFA and VTrckS in creating spend plans.
- Vaccine Advisors evaluate monitoring and replenishment reports for actual vaccine usage against planned usage per spending plans and advise awardees on needed changes or areas of concern with regard to over- or under-spending of vaccine funds. For awardees using FOVA, Vaccine Advisors send monthly spend plan monitoring and replenishment reports via email. For awardees using VTrckS, monitoring and replenishment reports may be accessed and printed locally.
- Vaccine Advisors work closely with awardees to ensure state/local vaccine replenishments are made in a timely manner. Where needed, they will provide advice on which vaccines to replenish and will make adjustments to the awardee replenishment schedule.
- Vaccine Advisors review and approve all spend plan revisions made by awardees and assure that awardees have not made inappropriate adjustments to their spend plans. For awardees using VOFA, Vaccine Advisors also recommend vaccine budget adjustments in VTrckS based on VOFA spend plan updates.

CDC/NCIRD Expectations and Responsibilities for Field Assignees and Host Agencies

Introduction

The role of a Public Health Advisor or Commissioned Corps Officer in a field assignment for the National Center for Immunization and Respiratory Diseases (NCIRD) is to represent NCIRD and serve the host agency based on the Core Values of the Centers for Disease Control and Prevention (CDC). The Core Values are as follows:

Accountability - As diligent stewards of public trust and public funds, we act decisively and compassionately in service to the people's health. We ensure that our research and our services are based on sound science and meet real public needs to achieve our public health goals.

Respect - We respect and understand our interdependence with all people both inside the agency and throughout the world treating them and their contributions with dignity and valuing individual and cultural diversity. We are committed to achieving a diverse workforce at all levels of the organization.

Integrity - We are honest and ethical in all we do. We will do what we say. We prize scientific integrity and professional excellence.

Background

NCIRD provides assistance to state and local health department awardees by detailing NCIRD staff to state and local health department awardee immunization programs. Field Staff are expected to assist awardees in achieving immunization program goals that are aligned with CDC's mission to control and prevent vaccine-preventable diseases. Because the state or local health department's satisfaction with field assignees is important, field staff are usually appointed to an immunization program that, in the opinion of Program Operations Branch (POB) management, will ensure a strong partnership and a high likelihood of success.

Because all field staff are federal employees, they cannot lobby federal or state legislatures, advocate for bills or legislative actions, write an awardee's cooperative agreement application, or speak to the media. With those exceptions, the roles and positions in which field staff can serve during a detail to a state or local immunization program are not restricted and will generally be negotiated by POB leadership with the state or local program to which they are assigned.

Expectations of Field-Assigned Staff

The following are NCIRD's expectations of field assignees:

- Represent CDC and the host agency in a professional manner at all times.
- Maintain a professional appearance at all times.
- Assist host agencies in understanding CDC policies, requirements, and program components.
- Assist CDC in understanding the needs of state and local immunization programs.
- Help others beyond the host agency to understand the role that CDC plays in public health.
- Promote and enhance capacity building through consultation and technical advice.
- Communicate clearly, thoughtfully, and considerately, both orally and in writing, at all times.
- Maintain regular contact with the project officer for the host program.
- Communicate problems to the POB deputy branch chief or the branch chief.
- Take pride in the organizations being served (CDC and the host agency) and in the role of a Public Health Advisor or Commissioned Corps Officer.
- Whenever possible, field assignees should
 - Act generously,
 - Offer compassion,
 - Seek to understand, and
 - Forgive when needed.

Field Assignee Responsibilities

Field assignees are, first and foremost, employees of CDC and not employees of the state/local immunization program. Field staff are expected to assist CDC and the state/local immunization program in carrying out disease prevention, health promotion and protection, and other public health activities; providing assistance to host agencies to develop, implement, and evaluate public health programs; and promoting and enhancing capacity-building through consultation, demonstration, and technical expertise. CDC recognizes that field assignees must be sensitive to the state/local immunization program's policies and needs, and NCIRD recognizes the sometimes difficult position and competing roles in which field assignees may be placed. From time to time, field assignees may make recommendations to host agencies that are counter to the host agency's standard operating procedures. NCIRD encourages field assignees to discuss such recommendations openly and honestly with both the host agency program management and the Program Operations Branch project officer.

Field Assignees are responsible for identifying themselves as CDC employees despite the role that the field assignee fills in the state/local program. Some examples of how a CDC field assignee may represent him/herself are as follows:

Jane Doe, CDC Senior Public Health Advisor, Deputy Program Manager, Immunization Program, Los Angeles County Department of Health;
 Susan B. Anthony, MPH, Nurse Officer, USPHS, Immunization Program, City of New York, Department of Health & Mental Hygiene.

Field Assignee Evaluations

NCIRD/ISD/POB will provide broad guidance, technical consultation, and official supervision to field assignees. Each assignee's performance will be formally assessed in accordance with established CDC performance management systems for civil service and Commissioned Corps employees. In completing an assignee's evaluations (both at mid-year and year-end) CDC will encourage, solicit, and use input from appropriate state/local immunization program staff regarding the assignee's performance.

Publications and Presentations

Any publication, presentation, or abstract that includes the name of a CDC assignee must be submitted for and receive CDC clearance prior to submission for publication or presentation. The publication must include the assignee's CDC affiliation as well as local affiliation. Standard guidelines for authorship should be followed when determining whether a CDC assignee's name should be included as an author on a publication (General Administration No. CDC-69).

Leave and Hours of Duty

Civil Service field assignees are required to work 80-hours during the two-week pay period. The state/local immunization program will determine hours of duty. Commissioned Corps field assignees are required to work a 40-hour week and must be available for duty 24 hours per day, 7 days a week. The state/local immunization program will determine regular hours of duty.

On Federal Holidays that are not observed by the host agency, field assignees that are not required to work by the host agency will be excused from duty without charge to accrued leave balances. If a field assignee is required to work on a Federal holiday, premium pay will be paid under Federal regulations for work on a holiday. Assignees will be excused without charge to accrued leave balances on state and local holidays that are not also Federal holidays. The assignee's federal supervisor must give prior written approval for the absence.

Assignees will be entitled to use annual and sick leave in accordance with Federal laws, regulations, and procedures. Earning and using overtime or credit time will be subject to the local rules and procedures of the host agency.

Requests for leave should be made first to the POB Deputy Chief by email with a copy to Sue Birney. After approval is provided by email, the assignee should fax the leave request form to Sue Birney. The on-site supervisor, whether another Federal assignee or host agency staff person, should review any leave request. Final written approval for leave (signature on leave slips) is the responsibility of the assignee's Federal supervisor.

Training

Field assignees are expected to attend CDC programmatic and career development training, meetings, seminars and conferences, including national seminars and regional staff conferences. Assignees may attend optional training and professional development activities after first obtaining the consent of the host agency and the federal supervisor.

Reassignment Requirement

Changes in field staff assignments are frequently desirable and sometimes necessary, and field assignees must be available for relocation as a normal condition of employment. NCIRD expects that field assignees recognize that program needs, fiscal conditions, employee development needs, or circumstances beyond administrative control may occasionally necessitate reassignment to different positions and different locations. If a reassignment is necessary, the assignee can make personal preferences concerning desired location known, with the understanding that POB management reserves the right to make assignments and reassignment decisions based on the staffing needs of NCIRD.

Field assignees should expect to serve in a number of assignments in different locations throughout their employment with CDC. Each assignment provides opportunities for growth, new experiences, and expanded knowledge about immunization programs and about ways those programs can be served. As such, field assignees are encouraged to apply for openings as they become available. Openings for field staff positions that result from assignment changes or newly created positions will normally be announced competitively so that interested field staff have an opportunity for a promotion or lateral move. In exceptional instances, competition may not be possible, advisable or warranted, and management may make assignments without competition.

Host Agency Activities and Interaction with ISD and POB

Requests for assignment of a field assignee should be sent by letter from the host agency to the POB Chief. Requests will be considered based on availability of full-time equivalents (FTEs). The POB Deputy Chief will discuss any federal assignee re-assignments with the host agency as soon as a re-assignment is being considered. The POB Deputy Chief will provide the host agency with updates on the recruitment efforts to fill vacant field staff positions.

Host agency supervisors will work closely with assignees to resolve any routine questions or issues that arise regarding the assignment or the assignee's performance.

Host agencies will be asked to provide input regarding the field assignee's performance.

The host agency will promptly advise the POB Branch Chief or Deputy Branch Chief of any performance or behavioral concerns about an assignee. In these cases, host agency and POB staff will work together to attempt to resolve such concerns with the assignee, either informally or formally, depending upon the nature and degree of the concern. Other CDC resources may be called upon by the immediate POB supervisor to help resolve the issues.

If a host agency determines that a field assignee is no longer an asset to the program, the host agency should send a letter to the POB Chief requesting removal of the federal field assignee.

The host agency may make available to assignee(s) any training opportunities sponsored by the State or locality.

Reference documents: *Agreement to Detail, 12/2004; Acknowledgment of Understanding of Reassignment Requirement*

Immunization Program Calendar

January

- January 31
 - VPET submission due

March

- Influenza vaccine pre-booking for next influenza season
- March 1
 - VFC Management Survey for previous calendar year due
 - AFIX Annual Report for previous calendar year due
- March 31
 - Annual Progress Report for previous calendar year due
PAPA: Highlights, Surveillance, Adult, Adolescent, Vaccine Safety, IIS, Tribes, Perinatal Hepatitis B, Pandemic Flu
eGrATIS: Status update on objectives and activities
 - Federal Financial Report (FFR) for previous calendar year due
 - Statement of Work for IIS-related GSA contracts due
 - IISSB business plan

April

- April 30
 - School Vaccination Coverage Report for current school year due
 - VPET submission due
- Release of annual Population Estimates Survey*

June

- National Immunization Conference*
- June 1
 - Population Estimates Survey for next calendar year due annually
 - AFIX Policy and Procedures Manual due
- June 15
 - Cooperative Agreement guidance for next year's application is released
 - Release of Cost and Affordability Tool (CAT)

July

- Cost and Affordability Tool for next vaccine year due annually
- July 31
 - VPET submission due

August

- August 1
 - New fiscal year Spend Plan template available to awardees

- August 15
 - Continuing cooperative agreement application for next calendar year due
 - Mid-year progress report for current calendar year due
- August 31
 - Spend Plan submission for next fiscal year due to CDC for review and approval

September

- September 22
 - CDC provides final approval of Spend Plan submission for next fiscal year

October

- October 31
 - VPET submission due

November

- Program Managers Meeting (date TBD)

*Undetermined dates

POB site visits

PPHF site visits

Monthly PPHF reports

Key Immunization Websites

Note: Links to non-Federal organizations are provided solely as a service to our users. These links do not constitute an endorsement of these organizations or their programs by CDC or the Federal Government, and none should be inferred. The CDC is not responsible for the content of the individual organization web pages found at these links.

“One-stop-shopping” site for immunization program managers

<http://www.cdc.gov/vaccines/partners.htm>

Program Managers contact list

<http://www.immunizationmanagers.org/?MemPage>

VFC Coordinators contact list

<http://www.cdc.gov/vaccines/programs/vfc/contacts-state.htm>

Perinatal Hepatitis B coordinators contact list

<http://www.cdc.gov/vaccines/vpd-vac/hepb/perinatal-contacts.htm>

CDC immunizations homepage

<http://www.cdc.gov/vaccines/>

Immunization schedules

<http://www.cdc.gov/vaccines/schedules/index.html>

Vaccines for Children (VFC) homepage

<http://www.cdc.gov/vaccines/programs/vfc/default.htm>

VFC Program Operations Guide

VFC Documents Library: <https://sams.cdc.gov>

VFC resolutions

<http://www.cdc.gov/vaccines/programs/vfc/acip-vfc-resolutions.htm>

Advisory Committee on Immunization Practices (ACIP) recommendations

<http://www.cdc.gov/vaccines/programs/vfc/providers/resolutions.html>

CDC vaccine price list

<http://www.cdc.gov/vaccines/programs/vfc/awardees/vaccine-management/price-list/index.html>

VFC questions and answers document

VFC Documents Library: <https://sams.cdc.gov>

Vaccine Management Business Improvement Project (VMBIP)

<http://www.cdc.gov/vaccines/programs/vmbip/default.htm>

Vaccine storage and handling toolkit
<http://www2a.cdc.gov/nip/isd/shtoolkit/splash.html>

Vaccine excise tax credits
VFC Documents Library: <https://sams.cdc.gov>

Assessment, Feedback, Incentive, and eXchange (AFIX) homepage
<http://www.cdc.gov/vaccines/programs/afix/index.html>

CoCASA homepage
<http://www.cdc.gov/vaccines/programs/cocasa/index.html>

Procurement and Grants Office (PGO) guidance on preparing a budget request
http://www.cdc.gov/od/pgo/funding/grants/Budget_Guidelines.doc

Website for downloading and submitting immunization cooperative agreement application and budget request:
<http://www.grants.gov>

Manual for the Surveillance of Vaccine-Preventable Diseases
<http://www.cdc.gov/vaccines/pubs/surv-manual/index.html>

National Immunization Survey (NIS) Tables
<http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis>

Influenza
<http://www.cdc.gov/flu>

Human papillomavirus vaccine
<http://www.cdc.gov/std/hpv>

Division of Viral Hepatitis
<http://www.cdc.gov/ncidod/diseases/hepatitis/index.htm>

Framework for Program Evaluation in Public Health
<ftp://ftp.cdc.gov/pub/Publications/mmwr/rr/rr4811.pdf>

Healthy People 2020 Immunization and Infectious Disease Objectives
<http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=23>

Community Guide: Vaccine summary page
<http://www.thecommunityguide.org/vaccines/index.html>

Core Competencies for Public Health Professionals
http://www.phf.org/resourcestools/Pages/Core_Public_Health_Competencies.aspx
The Community Tool Box
<http://ctb.ku.edu/>

CDC immunization website for healthcare professionals

<http://www.cdc.gov/vaccines/hcp.htm>

National Network for Immunization Information

<http://www.immunizationinfo.org>

Association of State and Territorial Health Officials (ASTHO) website's immunization resources

<http://www.astho.org/Programs/Immunization/>

Vaccine Information Statements

<http://www.cdc.gov/vaccines/pubs/vis/default.htm>

Red Book Online

<http://aapredbook.aappublications.org>

Health Insurance Portability and Accountability Act (HIPAA)

<http://www.hhs.gov/ocr/privacy/>

Behavioral Risk Factor Surveillance System (BRFSS)

<http://www.cdc.gov/brfss/index.htm>

Immunization Action Coalition

<http://www.immunize.org>

How to subscribe to Immunization Action Coalition (IAC) Express

<http://www.immunize.org/subscribe/>

How to subscribe to Morbidity and Mortality Weekly Report (MMWR)

<http://www.cdc.gov/mmwr/mmwrsubscribe.html>

Centers for Medicare and Medicaid Services (CMS) homepage

<http://www.cms.hhs.gov/default.asp>

Vaccine Tracking System (VTrckS)

<http://www.cdc.gov/vaccines/programs/vtrcks/index.html>

Immunization Works Newsletters

<http://www.cdc.gov/vaccines/news/newsltrs/imwrks/default.htm>